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ABSTRACT

The principal of an elementary school in Burlington, Vermont, briefly reflects on her experiences with implementing requirements for interagency collaborations. She notes that while collaboration and shared responsibility are clearly valuable in practice, collaboration is time consuming and may or may not be effective, especially when forced by legal mandate or public expectation. An example (of petitioning the Local Interagency Team for day treatment services for a 7-year-old with severe emotional disturbances) is offered to show how such requirements may be perceived as hostile and damaging to inter-agency relationships. Positive examples of collaborative ventures with the local mental health agency and the local community health center are also reported. Seven suggestions for positive collaborations among educational, mental health, and other child-serving agencies include: (1) start small; (2) focus on making good things happen for children; (3) take a strengths-based approach; (4) be sure all players benefit from the collaboration; (5) make the meetings inclusive; (6) choose a goal worthy of transcending individual differences; and (7) share the work and share the credit. (DB)

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An Essay on Interagency Collaboration: The View from the Principal's Office

Jill Mackler

Once upon a time, the system of care for school age children was small and simple: the home, the school, and perhaps the church. Prior to the 1980s, school principals were primarily managers and disciplinarians. By the late '80s, they were expected to be both instructional leaders and agents of change.

Today, in addition to their various roles, principals also must be collaborators. Schools are expected to be responsive to a wide range of societal needs, and they are expected to do it in collaboration with multiple community agencies. As principal of a small, inner city elementary school in Vermont, I have experienced this "shared responsibility" as both a blessing and a curse.

The needs of the children in my school are enormous. Lawrence Barnes Elementary School is located in the low socio-economic section of Burlington, Vermont's largest city. My 200 students are the urban poor, 85% of whom receive free or reduced lunch. Over 15% of the children are recent immigrants to America. Over 70% of the students receive special services of some kind (linguistic, academic, or behavioral) and all are served in the regular classroom. Most of these street-wise five to eleven year olds regularly witness and experience verbal abuse, physical violence, and loss: of stable homes, of one parent or the other, of food and shelter. They are children at risk.

In 1991 when I became principal of Barnes, my job was to manage the day to day operations of the school and to facilitate the growth of both students and staff. The only people with whom I was expected to collaborate were those within the school community: faculty, staff, superintendent, and school board.

That is no longer the case. Parents and community members have become partners in setting the vision, goals and fiscal priorities for the schools. Their voices need to be heard and heeded.

Community organizations have also joined the roster of players. Interagency collaboration, with mental health and others, has become an expectation; without it, school budgets don't pass and grants and services to children are hard to come by.

In theory, it is hard to argue with collaboration and shared responsibility. In practice, collaboration is always time consuming and it may or may not be effective. When collaborative efforts are forced, whether by legal mandate or public expectation, they are apt to be uncomfortable and not necessarily productive. When collaboration is "done to" the school, it strains rather than builds relationships, which ultimately hurts children. On the other hand, when interagency collaboration arises from a shared desire to solve a mutually recognized problem, both the experience and the results can be satisfying to the players and important to the children served. "Doing with" is both gratifying and effective.

My first experience with interagency collaboration involved "petitioning" our Local Interagency Team (LIT) for services. Regional LITs, which included representatives of local child welfare, mental health, and education agencies, were mandated by the Vermont Legislature in 1988. Their job was to come together with parents and others to resolve serious problems experienced by children. These regional teams were decision making bodies. School principals had to make their case to the team before they could access alternative placements for children with extensive needs. While this may have felt like collaboration and a wraparound system of care to the regular members of the team, to the principal and her colleagues who worked daily with the disturbed child, it felt like a ritualized

This presentation introduced a Focused Discussion Session on Interagency Collaboration.

form of begging at the gate. What had been legislated into being to increase collaborative efforts to serve children at risk, had, at least for my school, fostered resentment and frustration. Alienation, not collaboration, was the result.

Let me be more specific. In an attempt to get day treatment services for "Tommy," a severely emotionally disturbed 7-year-old, the school team, which included myself, the guidance counselor, the classroom teacher, and the Coordinator of Special Services, met with the Local Interagency Team (LIT). This Team included representatives from the local mental health center, the child welfare agency, a psychiatrist, Tommy's parents, and an appointed child advocate. With the exception of the parents and the school personnel, none of these people had ever met Tommy. One hour later, we were still at the table, but only because we had to be: the "collaborative" team held all the power. We could not access services for Tommy without being approved by the LIT. That is, we were at the table, but had no real voice. A relationship that originally had been intended to be collaborative was experienced by myself, Tommy's parents, and school personnel, as patronizing and hostile. One year later, Tommy got the services he needed, but the relationship between the school and the other "collaborating" agencies was severely damaged. I was frustrated and skeptical about collaboration. That's the bad news.

The good news is that under the right circumstances, collaboration really works. It works when all players come to the table as equals, and when the responsibility for doing the work and finding the resources is shared. Collaboration works when the people involved in providing resources and services for these children have the time and willingness to build strong and supportive relationships. Collaboration works best when it is truly voluntary.

Lawrence Barnes School and the Howard Center for Human Services, the local mental health agency, have developed and implemented several collaborative ventures. The first is the placement in the school of a social worker, employed and supervised by the mental health agency, to serve our students and families. The second, the Inclusion Program, provides on-site mental health services to children with emotional and behavioral disorders. Without this program, these children would need the more expensive and less available day treatment programs or residential placements.

Children in the Inclusion Program stay in their home school and mainstreamed classroom with the support of a skilled, one-on-one behavioral specialist. The mental health agency provides on call back-up. Parents receive home-based services. The child's team, teacher, special educator, guidance counselor, principal, parent and mental health providers, meet regularly to plan for and assess the child's progress. This collaboration allows students to remain in school with their peers and to receive the support they need to be successful students.

Lawrence Barnes is currently in the implementation stage of another successful collaboration. This multi-agency collaboration has resulted in a part time school-based health center, with on-site mental health and increased social work and guidance services for students, and home based social work services for families. This project grew from an early collaboration (known as "Lice Busters") with the local Community Health Center (CHC). With the support of the school district's superintendent, planning for the school-based health center ultimately included the Vermont Department of Health; Fletcher Allen Hospital, Vermont's largest, and our local hospital; the Visiting Nurse Association (VNA), the Howard Center for Human Services, and the CHC. The model we developed was based upon the results of an extensive parent survey. Space availability and the needs and resources of each of the collaborating agencies influenced the design.

As a collaborative, we were able to secure a grant to implement our plan. This Health Center addresses both the physical and behavioral health needs of our students and families. Medical providers from both the hospital and Community Health Center provide physical health services at our school clinic one morning each week. A mental health counselor works with our students, on site, two days per week. The school guidance counselor and the school social worker have increased

their time at the school by one day per week, and a full time VNA social worker provides services to families. This has been and continues to be a time consuming, but effective and rewarding, sharing of responsibilities among multiple agencies.

Based on my experiences, both positive and negative, I recommend the following general principles for positive collaborations among educational, mental health, and other child serving agencies.

- Start small. The difficulty in getting anything off the ground is magnified by the number of players.
- Focus on making good things happen for children. When barriers arise, perseverance and a focus on the mutual goal can carry you through.
- Take a strengths-based approach that builds on the existing capacity of each agency.
- Be sure that all the players benefit from the collaboration.
- Make the meetings inclusive. Hold meetings at the site where services will be delivered.
- Choose a goal that is worthy enough to transcend individual personality conflicts among collaborators at the table.
- Share the work. Share the credit.

Interagency collaborations can be successful when all players are recognized and respected for their expertise and when everyone knows what to expect. Collaborative efforts take time, energy and patience, qualities that are often in short supply for all the players. To ensure that interagency collaborations continue to meet children's needs, players must spend time building trust among agencies, make the process effective and satisfying, and ensure that everyone has a real voice at the table.

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